



Cambridge Youth Programs
Pre-teen April Vacation Week Program Presents:
Adventure...Where will we go?
Join us at the Gately Youth Center or the Frisoli Youth Center
Tuesday, April 22nd - Friday, April 25th

Please Check One:

☐ Gately Youth Center: 70R Rindge Ave., Cambridge, MA 02140 Phone: (617)349-6277

☐ Frisoli Youth Center: 61 Willow St., Cambridge, MA 02141 Phone: (617)349-6312

This program is open for grades 4th and 5th (who are 9 years old and up) who are Cambridge Residents

Space is limited, so be sure to sign up at your local Youth Program as soon as possible, no later than **April 16, 2014**

When: Tuesday, 4/22/14 to Friday, 4/25/14

Deadline for Applications:

Wednesday, April 16, 2014

Registrations must be complete and handed in

Time: 9:00 am - 6:00 pm

Fee: The cost of the program is a \$35.00 non-refundable deposit (fee must be paid at the time of registration)

CASH ONLY

Lunch is not provided: please have your child bring a lunch

The following Field Trips are being planned for vacation week. *Please check off below to indicate that your child will be attending* **Please note that the trip is mandatory if your child attends camp on this day. The Field Trip day is Thursday, April 24th.**

☐ **Jay Gee's Ice Cream and Fun Center, Methuen, MA**

****food is not available for purchase please pack a lunch**

☐ **Rain Site: Chunky's Cinema,**

REGISTRATION INFORMATION

Last Name _____ First Name _____ Date of Birth _____

"Home" Youth Center/Program _____ Home Phone # _____

Name of Parent/Guardian: _____

Cell phone #: _____ Work phone #: _____ Hours at Work: _____

If more than one child in your household is applying, please complete the following:

Name of Additional Child: _____ **Date of Birth:** _____

_____ **Date of Birth:** _____

Medical Information: Please describe any medical/physical conditions which CYP Staff should be aware of (dietary restrictions, allergies, chronic health conditions, medications): _____

Additional Emergency Contact (If Parent/Guardian is not available)

Name: _____ Address: _____

Relationship to Child: _____ Phone: _____

Guardian Permission

As _____'s legal guardian, I hereby authorize him/her to participate in CYP February vacation week daily activities and field trips, which may involve riding the MBTA with supervision.

In the event of a serious illness or injury, I express my consent of the administration of emergency medical care, including anesthesia. I understand that the staff of CYP will make a reasonable effort to contact me first in case of emergency. I will not hold CYP or any member of the staff responsible for such illness or injury.

Signature of Parent/Guardian

Date

Dismissal Information: (Please check one of the following)

☐ My child will be picked up by the following person(s): _____
Relationship to child: _____

☐ My child has permission to walk home

Very important: Program Staff will only follow these instructions; all persons picking up a child MUST be on the list.